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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. item

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.__ Length of residence in city or town-where death occurred S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR_OR 5. SINGLE, MARRIED, WIDOWED, 5a. If marriad, widowed, or divorced **HUSBAND** of 22. CERTIFY That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Montes 7. AGE Veare Days If LESS than to have occurred on the data stated abova. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. wera as follows: Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.. O. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___. Dther Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (pity or town) (State or country) What test confirmad diagnosis?__ ----- Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (Stata or country) Whera did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in cupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Signed) 20. FILED ... 2

(Address)

egistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	WIN 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephra	ilis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastraenteritis	1 year	

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7. AGE

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MOTHER

13. NAME

17. INFORMANT

19. UNDERTAKER

20. FILED ...

(Address)

(Address)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVA

(Stata or country)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME If U. S. Veteran, specify WAR__ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If marriad, widowed, or divorcad HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH or min. Data of onset Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.___ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at 11. Total tima (years) spent in this this occupation (month and occupation __ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (Stata or country) Name of operation 14. BIRTHPLACE (city or town) (State or country)

What test confirmed diagnosis?_____ Was there an autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

24. Was disease or Injury In any way related to occupation of dacaased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did Injury occur?____

(Addrass)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City Village or City Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. Vis. Mo. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. Vis. Mos. If U. S. Veteran, specify WAR. (a) Residence: No. Vard. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR-RACE OR DIVORCED ("write the word) To DIVORCED ("write the word) St., Ward. Vis. Vard. Vard. Vard. Vard. Vis. Vard. Vard. Vis. Vis. Vard. Vis. Vis. Vard. Vis. Vis. Vard. Vis. Vard. Vis. Vis. Vard. Vis. Vis. Vis. Vard. Vis. Vard. Vis. Vis. Vard. Vis. Vis. Vard. Vis. V
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs
Length of residence in city or town where death occurred
2. FULL NAME (a) Residence: No. St., Ward. (busing place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR-RACE OR DIVORCED (wirite the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirite the word) 6. Usual place of abode) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 1. HEREBY CERTIFY, Thet I attended deceased from
(a) Residence: No. Decided St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR-RACE OR DIVORCED ("write_the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write_the word) 6. OR DIVORCED ("write_the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. W. I HEREBY CERTIFY, Thet I attended deceased from
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR-RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. Usual place of abode) MEDICAL CERTIFICATE OF DEATH (Morth) (Day) (Year) 1. HEREBY CERTIFY, Thet I attended deceased from
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of
HUSBAND of (or) WIFE of
(or) WIFE of Andle / Golf
6. DATE OF BIRTH (month, day, end year) March 8, 1872 last say hum elive on May 26, 1936; deeth is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular 4 Humistensene . 1975
kind of work done, as SPINNER, James Way 1936
9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc
10. Oate deceased last worked et this occupation (month end) 928 spent in this
Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Calvar Company of
(State or country) May Personal Remarkage
13. NAME 14. BIRTHPLACE (city or town) Oakley 6 - Name of operation Date of
14. BIRTHPLACE (city or town) Date of Name of operation
What test confirmed diegnosis? : Wes there an autopsy? V. W
15. MAIOEN NAME 15. MAIOEN NAME 23. If death was due to external causes (VIDL ENCE) fill in elso the following:
15. MAIOEN NAME 23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Oate of injury
(State or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Address)
18. BURIAL, CREMATION, DR REMDVAL Manner of Injury
Place Wesley Church Date 5-28, 1936 Nature of injury
24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER 11. May I related to despation of deceased: 19. UN (Address) (Address) (Address) (If so, specify 1
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20. FILEO 5-26-, 1936 D. W. W. G. Registra. (Address) January

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CAUSE OF DEATH in plain terms, so that it may be

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la contraction of the contractio				
Other contributory causes of importance:		Other contributory causes of importance:		
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Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4970
County Calvert	X ri
71.0	Registration Dist. No. \(\lambda \) [
Village or City CA Al XIII (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOSILS GIASS	
(a) Residence; Np. A Cleberta	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Cololled OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
Se. If merried, widowed, or divorced HUSBAND of (or) WHFE of Quite B. Frake	22. I HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, day, end year) Fel // 1896	last saw h. M. elive on Cynul 20 19.36; deeth is sald
7. AGE Yeers Months Deys If LESS then	to hava occurred on the date stated ebove, et
40 2 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end reletad causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Chrome repatitio as Oate of onset
SAWYER, BODKKEEPER, atc.	Hypechaplice Biliary Sinliaris Cynd 192
9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
year) / occupetion //	Dahas Contribution Comment Institute
12. BIRTHPLACE (city or town) Calllett (Stata or country)	Dther Contributory Causes of Importance;
13. NAME MANIN GLAAN	
O all week	
14. BIRTHPLACE (city or town) (Steta or country)	Neme of operation
15. MAIDEN NAME GERMANA GLASS	Whet test confirmed diagnosis? Wes there en autopsy?
1 de Vijekt-Da	23. If daath wes dua to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
Millan Man	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) August France	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Place Carroll's Dete 5-8-, 1936	Neture of Injury
19. UNDERTAKER Wilson Mason (Addrass) Pr. Fred	24. Was disease or injury In eny wey ralated to occupetion of deceased? // If so, specify
20. FILED 8- 8-, 19.36 Q N . Registrar.	(Signed) Reflection M. D. (Address) Reflection M. D.

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	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT Registration Dist. No. -Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?______yrs.____mos.____ds. statement If U. S. Veteran, specify WAR (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4. COLOR OR_RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBANO of 22. ERTIFY, That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. end year) certificate. properly 7. AGE Yeers Oays If LESS then Months to have occurred on the date stated above, et_ stated 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. SI were es follows: 8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... PATION THIS jo back may should 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) on this occupetion (month and spent in this that veer) _____ occupation ... instructions UNFADING Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town) (State or country) supplied terms. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town plain (Stete or country) carefully What test confirmed diegnosis?_ ----- Was there en aulopsy?_. MOTHER important. 15. MAIDEN NAME in 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT very should (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury 12 AUSE WRIT mation Nature of Injury. LION 24. Wes disease or injury in eny way releted to occapation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed). Registrer. (Address)

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Cerebral hemorrhage	ENDEAL V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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See instructions on

FATHER

MOTHER

13, NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Addrass)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, DR. REMOVAL

20. FILED 5/23/, 19 36

15. MAIDEN NAME

PHYSICIANS Exact statement

PERMANENT REC EXACTLY.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4972
County Village or City Wilson	Registration Dist. No. 5 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 22
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 7 3 6 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days HLESS than 1 day,hrs.	22. I HEREBY CERTIFY, That I attanded deceased from 19
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK etc.	Date of onse

11. Total time (years) spant in this 10. Data deceasad last worked at this occupation (month and occupation. 12. BIRTHPLACE (city or town) (State or country)

Name of operation.

23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?_____

Whare did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

Manner of Injury Nature of Injury

(Signed). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g.; heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago RIME AN V. D. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

N. B.-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4973
1. PLACE OF DEATH	(48)
County Called	Registration Dist. No. 51
Village or City Wutual	
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Chyallefte Dawlins	News U. S. Veteran, specify WAR
(a) Residence: No. Mulual	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 15. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tanklada OA OR DIVORCED (write the word)	May 3/ 1936
5a. If married, widowed, or divorced	(Mg/hth) (Day) (Year)
(or) WIFE of Profest Nous	22. I HEREBY/CERTIFY, That I altended deceased from
gury reura	1934, to May 3/., 1936.
5. DATE OF BIRTH (month/day, and year) Church 2 18/8	Wast saw h LL alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted above, W. S m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
J 0rmin.	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Carrenous of terres men 1934
9. Industry or business in which work was done, as SILK MILL,	generalized Metastaris 1936
SAW MILL, BANK, etc.	V
O. Date deceased last worked et this occupation (month and spent in this	
yeer) occupation	Other Contributory Cappes of Importance:
12. BIRTHPLACE (city or town). A Mell Jo.	Hyperleusin 1934
(State or country)	
13. NAME GEOLGE Klaydkins	
14. BIRTHPLACE (city or town)	Name of operation
4 4 01	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harriet wase	23. If death was due to external couses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
and the same of th	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT CAMPULE MELLINGY (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Menner of Injury
Pieca Drooks Date 2 1956	Nature of injury
19. UNDERTAKER Wilson Mason	24. Was disease or injury In any way related to occupation of deceased? 110
(Address) (A, Mred., Med	If so, specify
20. FILEDS 31 1936 D. M. Lina	(Signed) Tege 8 M. D.
Registrar.	(Address) Punile Melecel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

M

PLACE OF DEATH County Calvat	3	STATE OF I	OF DEATH
Village or City fully (No		St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		, 192 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY	CERTIFY, That I att	ended the deceased from
5 ((, 1926	***************************************	192 to	, 192
(Month) (Day) (Year) 7 AGE If LESS than I day hre. hre.		rred on the date stated TH * was as follows:	above, at 3/4 Pm.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary		
10 NAME OF FATHER COULD STATE OF FATHER (State or country) Wall. DC	*State the D Violent Causes, s Accidental, Suicidal	(Address) Oisease Causing Death, tate (1) Means of In or Homicidal.	M. D.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Re	nos,ds. In the	eyrsmosds.
(Informant) (Address) (Address)	Former or usual residence	LL OR REMOVAL	DATE OF BURIAL May 12 1934
Filed may 12 1956 W. H. Harderly	20 UNDERTAKER Raberla	Gray	Owngs

1041

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the ceitificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	n	100	per	
4	y	6	0	

1. PLACE OF DEATH	
County Alles	Registration Dist. No.
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Maris Johnson	13
	4
(a) Residence: No. AMP (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
to rife of auch foliation	1 HEREBY CERTIFY, Thet I ettended decessed from
6 DATE OF RIPTH (month day and wass) Unknown - 1867	last saw half elive on March 6 19 36 deeth is said
7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8. Trede, profession, or perticular kind of work done, as SPINNER,	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A Secretaria de la companya della companya della companya de la companya della co
industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
11 Total time (wasse)	
this occupation (month end see 35 spent in this very year)	
laweth.	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John A. Hinson	
13. NAME JOHN A. Johnson	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Wes there an eu'opsy?
15. MAIDEN NAME GURRILLA	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME CLASSICIA 16. BIRTHPLACE (city or town) (Stoto or country)	Accident, suicide, or homicide?Date of Injury19
X (Stete or country)	Where did injury occur?
17. INFORMANT MARGE . (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St-John's Date 5.8-,1936	Nature of Injury
19, UNDERTAKER Wilson Mason	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Prfred	If so, specify
20. FILED 5. 8. 1936 9. N. Kan	(Signed) FOR M. D.
Registrar.	(Address) I faisse pedice

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	942)
County Calger	Registration Dist. No.
Village or City News	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds,
M.00 W.	
2. FULL NAME MALLES TANKE	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	, MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the yord)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended decassed from
(or) WIFE of Samuel 1. Jones	22. HEREBY CERTIFY, That attended decassed from
6. DATE OF BIRTH (month, day, and year) March 7 1863	I last say h LV alive on May 4 , 196; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above atm.
73 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Well as solows. Colors Declusion May &
SAWYER, BOOKKEEPER, etc.	scule Mysculded Jachus May 18
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date decesed last worked at this occupation (month and year) year) 11. Totel tima (yeers) spant in this occupation (month and year)	
Del so B	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	4
13. NAME Benjamin B. Hance	
13. NAME Denjamin D. Vance 14. BIRTHPLACE (city or bown) Calvell By (State or country)	Name of oparation Oata of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Cligabells arrange Wils 16. BIRTHPLACE (city or town) Culmest Co (State or country)	222 If death wes due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Culnetter	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MA Walson Freland (Address) Queryud	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece U lla bro Deta // 1936	Nature of injury
19. UNDERTAKER 9 9 Horkness & Aon	24. Wes disease or injury in any wey related to occupetion of decaesed?
(Addreys) mule My	If so, specify
20. FILEO /18 16 , 1936 J. N. Jung	(Signed) M. O.
Registrar.	(Address) Usanal Allendy

V. S. No. 1

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If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—C	CERTIFICATE OF D	EATH 4977
DEATH	a ×	· · · · · · · · · · · · · · · · · · ·

1. PLACE OF DEATH		
County (alles)		Registration Dist. No. 5
Village or City Oruska	W	No. St. Ward
Locate of containing to the containing to		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occu	rredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME AUCH	rain le	LAM If U. S. Veteran, specify WAR
(a) Residence: No.	(au)	St., Ward.
	ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL I		MEDICAL CERTIFICATE OF DEATH
	LE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH 9
Colored	serry	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, Thet i attended deceased from
(or) WIFE of		, 19, to
6. DATE OF BIRTH (month, day, and year) Much	19 93	i lest saw h alive on
	Days If LESS then	to heve occurred on the dete steted above, et
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, profession, or perticular		Data of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		the war of the state of the sta
9. industry or business in which		
SAW MILL, BANK, etc.		
this occupation (month end	1. Total time (years) spent in this	
yeer)	occupation	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) 22101	W	
(State or country)	M.	-
14. BIRTHPLACE (city or town)	m	
14. BIRTHPLACE (city or town) Cd	erent to	Name of operation Dete of
(Stete of country)	MA	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME DESSEE JO	anone	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME BLOSCE ST	uces &	Accident, suicide, or homicide? Dete of injury19
∑ (Stata or country)	mo:	Where did injury occur?
17. INFORMANT JAL KELS	nt por	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Saux	1266	
18. BURIAL, CREMATION, OR REMOVAL	57,00 31	Manner of Injury
Piace direction Dete	40 , 19 36	Neture of injury
19. UNDERTAKER DOE Telson	1	24. Was disease or injury in any way related to occupetion of deceased?
(Address) The Mederic	& med.	If so, specify
20 5115D 579 10 36 0 M	tun	(Signed) AS M. D.
20. FILED	Registrar.	(Address) J. Drederick, nea

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IIIN 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
FOR	
RESERVED	
MARGIN	

V. S. No. 1

1. PLACE OF DEATH	4978
County (Clubb)	Registration Dist. No 📆
Village or City O XVIII	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. iI oI foreign birth?yrsmosds.
2. FULL NAME Thoda, U. Teut	
(a) Residence: No. () (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gyrize the word)	21. DATE OF DEATH 3 , 193 6 (Year)
5a. If married, widowed, or divorced INVERANCE of (or) WIFE of	22. HEREBY CERTIFY, That t attended deceased from
Nother 1016	1926, to , 19
6. DATE OF BIRTH (month, day, and year) (LC) 2 / 645 7. AGE Years Months Deys I If LESS than	l lest saw h
90 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were es follows: Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronaus slesatio muscardos
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	degetuation.
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation.	Cutaling electron personer
12. BIRTHPLACE (city or town) Magnobia (State or country)	Other Coutributory Causes of Importance:
13. NAME Alevel Woodkins	7
14. BIRTHPLACE (city or town) Unsking was	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME ALAS Charlott Woodkins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date ol injury, 19
(State or country) Unknown	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ell CALL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOTAL	Manner of injury
Plede Sacrification Date 19	Nature of Injury
19. UNDERTAKER Chison Masson (Address) Referred red.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 74/3(, 19 Q. M. Trey Registrar.	(Signed 18 18 M. D. (Address) M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of infor-	1. PLACE OF DEATH	-CERTIFICATE OF DEATH 4979
should f	County Calvart	Registration Dist. No. 52
item sho	Village or City W See Leave	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
ery INS	Length of residence in city or town where death occurredyrsm	ds. How long in U.S. If of foreign birth?yrsmosds.
RD. Every YSICIANS	2. FULL NAME Stillow King	#/
PHYSICIAN	(a) Residence: No. (Usual place of abode)	St.,Ward.
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 4 193 8
PERMANENT EXACTLY y classified.	5a. If married, widowed, or divorced HUJBAND of	(Month) (Day) (Year)
SS SS	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 5/4/36	1 last saw h alive on 19 deeth is said
IS A PE stated E properly	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
	8 Trade profession or patients	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
G INK—THIS GE should be that it may be us on back of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tell from
vK_T should it may n back	■ 9. Industry or business in which work was done, as SILK MILL.	
sh it	O. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spant in this occupation	
instructions	12. BIRTHPLACE (city or town) (State or country)	Other Coatributory Causes of importance:
ıstrı		
See ir	13. NAME 14. BIRTHPLACE (city or town) 15. Page 14. BIRTHPLACE (city or town)	Name of a section
	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Many	23. If death was due to external causes (VIOLENCE) fill In also the following:
2100	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
important.	17. INFORMANT Kreeken Kerris	Where did injury occur? (Specify city or town, county and State)
very	(Address) W. Beel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TION	Place all Sainto Date May 3 , 1936	Nature of Injury
	19. UNDERTAKER Kaland Larera (Address) West Rooch	24. Was diseese or injury in any way related to occupation of deceased?
	20. FILED May 5, 1936 WH John Loshy	If so, specify (Signed) Holl to what
	Registrar.	(Address) M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	311	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 July 0 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
•			

V. S. No. 1	MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WI mation should be careful CAUSE OF DEATH in F TION is very important.	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 4980		
County Calvet	Registration Dist. No. 52		
Village or City (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Stiller Print 7	<i></i>		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HU3BAND of	22. HEREBY CERTIFY, That t attended decaased from		
(or) WIFE of			
6. DATE OF BIRTH (month, day, and year) 5/4/36	Hest saw h ative on		
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at		
I day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	Dther Castributory Causes of Importance: Name of operation. Date of		
[State or country]	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place all Samts Date May 6, 1976			
19. UNDERTAKER Roland Larera. (Address) West Buth	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED. May 5, 1934 WITH Hardeshy Registrar.	(Signed) M, D. (Addrass) One graph field		
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. J. No. v.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF BEATH	20
	County Callett	Registration Dist. No. 51
	Village or City Juste Fredorick	No. Calued Cauly Hay St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U. S. If of foreign birth?yrsmosds.
	2. FULL NAME GEOLGE KING	If U. S. Veteran, specify WAR.
	(a) Residence: No Santa Haldeur (Usual place of abode)	elet., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored Manuel	21. DATE OF DEATH (Month) (Dey) (Yeer)
	5a. If married, widowed, or divorcad HUSBAND of	
	(or) WIFE of Colette King	Way/7 1936 to May 2/ 1936
e.	6. DATE OF BIRTH (month, day, and year) May \$1901	I last saw have elive on May 21 19 %; death is said
ertificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at L.a.m.
ıti.	35 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cel	8. Trade, profession, or particular	Rystured armendix Date of onset
Of	kind of work done, es SPINNER, Engeneer SAWYER, BOOKKEEPER, etc	Sixture Peritoutes Ways
back	9. Industry or business in which work was done, as SILK MILL, Gasoline Roller SAW MILL, BANK, etc.	Paralytic Tleus May 19
no	10. Data daceasad last worked et / 11. Total time (vaars)	
su	this occupation (month and year)	Other Contributary Causes of Importance;
instruction	12. BIRTHPLACE (city or town) Called Caugely	Ottol Continues Cauces () Importance.
tru	(State or country)	
ins	13. NAME Robert Cours	
See	14. BIRTHPLACE (city or town) Cultured Co. (State or country)	Nama of operation
S	(State of County)	What test confirmed diagnosis? Opper aller Was there an autopsy?
nt.	15. MAIDEN NAME Maggie Graps 16. BIRTHPLACE (city or town) Callier/Control of Control of Callier/Control of	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important	5 16. BIRTHPLACE (city or town) Calquet Co	Accident, suicide, or homicide? Date of Injury, 19
od 1	State or country)	Whera did injury occur?
	17. INFORMANT Efith ting	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
18	Place Proces Date 128/36, 19	Nature of injury
TION	19. UNDERTAKER (Unlson) Mason (Address) (Pr. Wederch Mid.	24. Was disease or injury In any way related to occupation of deceased?
T)	20. FILED 5/2-3 , 19 3 6 M. Trug Registrar.	(Signed) August France M. D. (Address) August France Grandel
	If more blanks are needed address Coate Parisary	Charles Canada P. Driver B. 1971 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	7)	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Calaert	Registration Dist. No. 51
Village or City Tarran	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.
2 FILL NAME Steelborn Weschall	
2. FULL NAME	If U.S. Veteran specify WAR
(a) Residence: No. Vavava (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 5/2/
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from attended, 19, to
6. DATE OF BIRTH (month, day, and yeer) 5/2/36	I last saw h alive on 19 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
9 Trade profession or particular	Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Alle Lain
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
SAW MILL, BANK, atc	
this occupation (month and spent In this occupation year)	
10 PIRTURI ACE (-in	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Mickale	
13. NAME Musekale 14. BIRCHPLACE (city or town) Calvert Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OSCE WAR 15. MAIDEN NAME OSCE	23. If daath was due to external ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city of town) Calaert Co.	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Hawkins	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Farraw, Med.	M
Plece St. Colmondo Data 14/3(19	Manner of injury
ned Done	
19. UNDERTAKER (Address) Tarvard Yell	24. Was disease or injury in any way related to occupation of deceased?
3/4 3/	(Signed) S. M. D. M.D. M.D.
20. FILED Registrar.	(Address) Jane Fort direct
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Every	CIANS
1	RECOMD.	PHYSI
MARGIN RESERVED FOR BINDING	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS
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EKVED	VK-THIS	should be
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT County Registration Dist. No. Village or City jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city_or town whara death occurred__ How long In U.S. if of foralgn birth?______ds. statement __ If U. S. Veteran, specify WAR_ (a) Residence: No (Usualplace of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH manu classified. (Year) 5a. If marriad, widowed, or divorcad HUSBAND of HEREBY CERTIFY. That I attanded daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profassion, or particular NO kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc 9. Industry or business in which may back work was done, as SILK MILL. occur SAW MILL, BANK, etc it 10. Data deceasad last worked at 11. Total time (years) on this occupation (month and spant in this that occupation _____ instructions Other Contributory Causes of importance: SO 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of operation. (State or country) What test confirmed diagnosis?_____ Was there an aulopsy? important. MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______Date of injury_______19_ 16. BIRTHPLACE (city or town) DEATH (State or country) Whera did injury occur?__. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT _ very (Address) OF 18. BURIAL, CREMAPION, OR REMOVAL Manner of injury CAUSE NOIL Nature of injury 24. Was disease or injury way related to occupation of deceasad? 19. UNDERTAKER (Addrass) If so, specify, (Signed) 20. FILED. Registrar. (Address)

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	127711
Gallstones	May 1,1923	Gastroenteritis	1 year

		497.41.		

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V. S. No. 1

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ļ	iter	Sh	Jo	
). Every	SICIANS	atement	
	STA	HYS	t st	
	REC	Y. P.	Exact	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	IS A PEI	stated E	properly	TION is very important. See instructions on back of certificate.
	SII	pe s	be 1	of c
	X-TH	pluor	may	back
	Z	E	it it	on
	DNIC	AG]	so tha	ctions
	INFAL	pplied.	erms,	instru
	H	Su	in t	See
	WIT	efully	in pla	ant.
	MLY,	be car	SATH	mport
)	PLA]	plnoy	OF DI	very i
	ITE	s u	SE	is is
	-WR	matio	CAU	TION

13. NAME

20. FILED.

(State or country)

14. BIRTHPLACE (city or town)

OCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4984
1. PLACE OF DEATH County Village or City Thuran	Registration Dist. No.
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Sua M	Mo. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. My Mac (Usual place of abode)	St., Ward. If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED ownite the wordy	21. DATE OF DEATH 21. DATE OF DEATH 21. DATE OF DEATH 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andros 6. DATE OF BIRTH (month, day, end yeer)	22. I HEREBY CERTIFY. That I attended deceased from 19 Gto Lender 19 death is said
7. AGE Years Months Bays If LESS than 1 day,	to have occurred on the date stated above, et
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupetion (month and year) occupation.	Tuskry wared
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:

Name of operation ...

FATHER (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL,

19. UNOERTAKER (Address)

Registrar.

Manner of injury Nature of injury

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

What test confirmed diagnosis?_____

If so, specify (Signed)

Accident, suicide, or homicide? - 1-1

Where did injury occur?___

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones 1936 Callstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1.	STATE OF MARYLAND— PLACE OF DEATH	4985
	county Calvert	Registration Dist. No. 5
		No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)
	An P	ds. How long In U.S. if of foreign birth?yrsmos
2.	FULL NAME Sull born Smith	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.
eathern and	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	EX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year
5a. I	Il married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBÝ CERTIFY, That I attended deceased
6 D	ATE OF BIRTH (month, day, and year) Neary 30, 19 36	
7. A		to have occurred on the date steted above, atm.
	1 dey, /hrs.	The PRINCIPAL CAUSE OF DEATH and raieted causas of importenca ware as follows:
Z	8. Trada, profession, or perticular	Date of
TION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Stell Form
XI.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Remeture
OCCO		Hydronnion
0	10. Date deceased last worked at this occupation (month and yaar)	
	BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
16. 1	(State or country)	
ER	13. NAME Leatcher Smith	
FATHER	14. BIRTHPLACE (city or town) Sunderland	Name of operation
-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Gladys Jocks	23. If death was due to external causes (VIOLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) Planes,	Accident, suicide, or homicide? Date of injury19_
Σ	(State or country)	Where did Injury occur?
17.1	(Address) Funduland, ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. E	Place M. Hape Date 730 1036	Mannar of Injury
	Place M. Hape Data / 30 ,1936	Nature of Injury
19. (UNDERTAKER W. H. Hutchens (Address) Owners ned.	24. Was disease or injury In any wey related to occupation of deceased?
20. 8	FILED 5/30, 19.36 J. N. July Registrar.	(Signed) (Address) (Address)

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Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage R L C E	July 5, 1927	Peritonitis	3 days ago
JUL 0 1816			
Other contributors causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

certificate.

Pet.

See instructions on hack

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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STA	ATE O	F MARYLAND-	-CERTIFICATE OF DEATH 4	986
1. PLACE OF DEATH			- B	
County Calver	1		Registration Dist, No. 31	
Village or City Cal	vert (Co. Hospital	No. St.	Ward
	A		If death occurred in a hospital or institution, give its NAME instead of street and	number)
La	town whera d	aath occurradyrs,mo	osds. How long in U.S. If of foreign birth?yrsm	iosds.
2. FULL NAME	el va	ru Amich	If U. S. Veteran, specify WAR	
(a) Residence: No.		(Usual place of abode)	St., Ward. OLY X — If nonresident give city or town and	State
PERSONAL AND	STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF Colore		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30. 1936 (Month) (Day)	, 193(Year)
ia. If marriad, widowad, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	daceased from
5. DATE OF BIRTH (month, day, and	Mary Ma	30.1936	I last saw h alive on 19	death is salvi
7. AGE Yaars	Months	Days If LESS than	to have occurred on the date stated above, atm.	., 404111 73 3414
	-	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	1 2
8. Trade, profassion, or particu	lar DINNED			Date of onsat
kind of work dona, as S SAWYER, BOOKKEEPER,	etc		Steel Form	-
9. Industry or business in whi work was done, as SILK SAW MILL, BANK, atc	MILL,		Thewature	
10. Date deceased last worked this occupation (month a year)	at	11. Total time (years) spent in this occupation	Hydrownion	-
12. BIRTHPLACE (city or town) (State or country)	· Vre	d,	Othar Contributory Canses of importance:	-
13. NAME Lastel	er In	it		
13. NAME Lesteh	Lun	lesland	Name of operation	
(State or country)	Dus		What test confirmed diagnosis? Was there an	autonsy?
15. MAIDEN NAME La	to &	icks	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city or town).	A Rah	^	Accidant, suicide, or homicide? Date of injury	
(State or country) Med. 17. INFORMANT Leateher Smith (Address) Sunderland, Med.			Where did injury occur?	
			(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL			Mannar of injury	
Place M. Way	-	Data / 36 ,1936	Natura of injury	
19. UNDERTAKER W. H.	Hutes	hent	24. Was disease or injury in any way related to occupation of deceased?	
-1.	36 D	n. Kenf	(Signed)	M. D.
		// Registrar.	(Address)	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	-Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephratis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			No.

V. S. No. 1

M

state OCCUPAinfor 1. PLACE should County Village of Jo PHYSICIANS Length of Exact statement 2. FULL ! (a) Resi PERS PERMANENT REC 3. SEX stated EXACTL properly classified. 5a. If married, with HUSBAND (or) WIFE o certificate. 6. DATE OF BIR 7. AGE 8. Trade, p kind SAW THIS pe Jo pluods back CAUSE OF DEATH in plain terms, so that it may Industry WORK WITH UNFADING INKon Date de this (AGE See instructions year 12. BIRTHPLACE supplied. (State or FATHER 13. NAME 14. BIRTHPI (Stat mation should be carefully MOTHER important. 15. MAIDEN 16. BIRTHPLACE (city or town). (State or country 17. INFORMANT -WRITE PLA TION is very (Address) 18. BURIAL CREMATION OR REMOVAL

19. UNDERTAKER

(Address)

5 20, FILED ...

	1976
STATE OF MARYLAND—	CERTIFICATE OF DEATH
r City Owie Frederick	Registration Dist. No
Jame Wallace Jence: No. Meice Melerick (Usual place of abode)	St., Ward. If nonresident give city or town and State
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGE Gorite the word)	21. DATE OF DEATH 5 5 ,193 6 (Month) (Day) (Year)
dowed, or divorced of State of	22. I HEREBY CERTIFY, That I ettended deceased from 19 1 last saw h alive on 19 ; death is said to have occurred on the date stated above, at 7 1 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest 4/2//76
or business in which was done, as SILK MILL, MILL, BANK, etc	
(city or town) - Illof- country)	Other Contributory Canses of importance: Saule Myserarchita; 4/2/26
ACE (city or town) or country) NAME Caushella Watt	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
ACE (city or town)	Accident, suicide, or homicide? Date of Injury19

.193/ 24. Was disease or injury in any way related to occupation of deceased If so, specify (Address)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

(Specify city or town, county and State)

Registrar.

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial neparitie E C E IV E D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	7	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN	